	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE	1175 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1148
HEALTH DEPT.	1. PLACE OF DEATH o. COUNTY ALBOT MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY ALBOT MARYLAND
Heoles.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town Charles Like X Day Suite Charles Like X Da
Board for Board	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A. STREET ADDRESS ON A FARM? YES NO P
reformer of decidents	3. NAME OF DECEASED (Type or print) Vera Ramona Davidson 1. DATE Month Day Year 1958
may be with the sours offer	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 1901 9. AGE (In year) 15 UNDER 14 HRS 16 UNDER 14 UNDER
Page 5 nord 2 in 72 h	100. USUAL OCCUPATION (Give kind of work done done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 11. BIRTHPLACE (State or foreign country)
Poges Poges poges	13. FATHER'S NAME Boulden Throngs Va Davidson
Give Give ith form ony ev	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address
along will bermil	18. CAUSE OF DEATH [Enter only one cause per line or (o), (b), ond (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Some of the period
Office Cil in Moval.	49/X Out to Conditions, if ony, which) (b)
o burio	gave rise to immediate cause (a), stating the underlying DUE TO cause last.
pending significant Example of cremotion	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES THE PROPERTY OF THE PERFORMENT
word "p	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.)
or to by	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) While Not while at wark of work
R. Pog	21. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner
forwer for one of one o	ACTUAL SIGNATURE LONS MULTES M.D. CHIEF MEDICAL EXAMINER (
design and a second and a second a seco	EXAMINER'S NAME (Type) ASSISTANT MEDICAL EXAMINER 1-15-57 DEPUTY MEDICAL EXAMINER 1-15-57
O Punits or its	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Story) Bund 1/17/58 Williamsling Can, Boton Bt 2.
S. A15ME 5M 2/57	23. FUSTERAL DIRECTOR'S STONATURE ADDRESS ADDRESS ADDRESS ADDRESS DATENN 1 6 '58 DATENN 1 6 '58
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BUREAU V. E.

CERTIFICATE OF DEATH 1155

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	1,00		Reg. Die	st. No.
1	PLACE OF DEATH O. COUNTY TO TO	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY b. COUNTY	ce before admission)
T	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and g	give rearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street of NAME OF INSTITUTION MOVIAL	ospital	d. STREET ADDRESS 5 South STreet	e. IS RESIDENCE ON A FARM? YES NO ST
3.	NAME OF First DECEASED (Type or print) Edward	Middle /	Day King Sr DEATH January	Day Year 8 1958
	M WIDOWE	DIVORCED	August 10, 1883 last birthday) Months	1 YEAR IF UNDER 24 HRS. Days Haurs Min.
L	during most of working life, even if retired) Merchan P	the Mucha	STRY 11. BIRTHPLACE (State or fareign country) 12. CITI	ZEN OF WHAT COUNTRY?
	James Dawkin	S	Annie Elizabeth	
	(es, no. or unknown) (If yes, give way or dates of service)	Nenrow 2	M alfert Dankins	son!
	18. CAUSE OF DEATH [Enter only one cause per limited on the cause of t	e for (a), (b), and (c).]	of theling	INTERVAL SETWEEN ONSET AND DEATH
	Canditians, if any, which (b)			
	gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO			
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
_		RIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part I or Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. ft. p. m. 19 at work	_ Not while _ fac	ACE OF INJURY (Home, farm, 20f. (City or town) (Cotory, street, affice bldg., etc.)	ounty) (State)
	21. I certify that lattended the decease alive on	and that death	occurred at 500 M, from the causes and on the	
	ACTUAL SIGNATURE CELECO		M.D. 219 S. Week, city or town, state)	DATE SIGNED
	PHYSICIAN'S E.C. H. Sc.	smidt	Eston 16, Mary	brief
	BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, tawn, ar dounty)	State
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	NATURE

al director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4 moy be relative to the most property of the complete of the complete of the complete of tilled in by the second most property of the complete of tilled in by the second most property of the complete of tilled in the complete of the comple

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ON A FARM?

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PERFORMED? YES NO

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24b. REGISTRAR'S SIGNATURE

(State)

Hours

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Min.

Spring Hill

Easton, Maryland

ADDRESS

Cemetery

Easton

24g, REC'D BY REGISTRAR

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DATE

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death.

VS A15 (4) 15M 9/55

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Maurice E. Newnam & Son

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

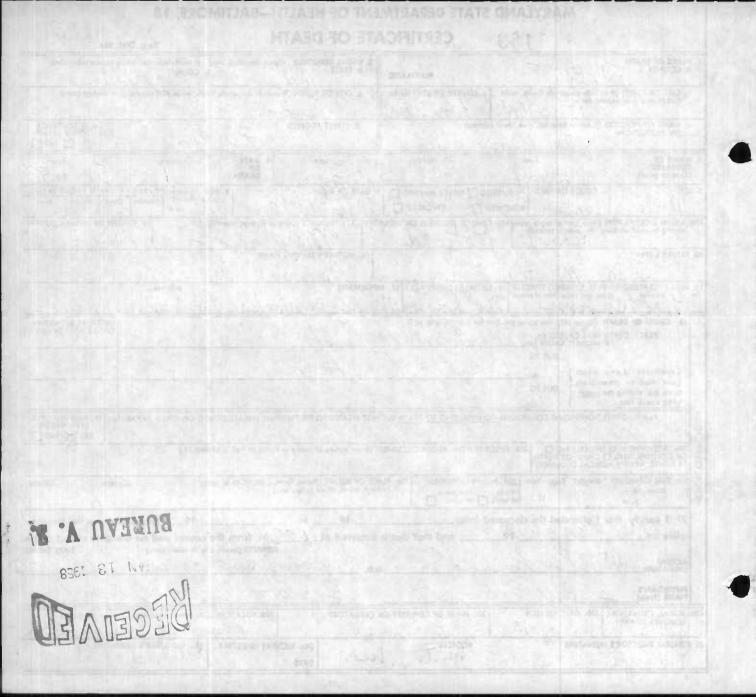
CERTIFICATE OF DEATH

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L	1150 CERTIFIC	AIE OF DEATH	Reg. Dist	l. No.
1.	PLACE OF DEATH G. COUNTY TALBOT MARYLAND	o. STATE Mary/A	eased lived. If institution: Residence	4 bot
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON C. LENGTH OF STAY IN 1b	c. CITY OR TOWNSHIP of side of Easto	corporate limits, write RURAL and gi	ve riegrest town)
	d. NAME OF HOSPITAL (IF not in hospital, give street address) OR INSTITUTION Memorial Hospital	d. STREET ADDRESS E. Dove	r 5T.	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Stewart Middle a	Reen 4. DA	ATH /	27 1958
L	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCES	Nov. 11, 1929	1 1 1 2 1 1	YEAR IF UNDER 24 HRS. Days Hours Min.
10	b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER TREE Sincer:	Marila	gn country) 12. CITIZ	US A COUNTRY?
13	FATHER'S NAME WILLIAM PRECI	14. MOTHER'S MAIDEN/NAME	Marshall	
15	WAS DECEASED EVER IN U. S. ARMED FORGES? 16. SOCIAL SECURITY NO. 17. (If yes, give wor or dates of envice) NONE 2/3-22-4933	B. OREEN L	Address M.D.	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	nomble		INTERVAL BETWEEN ONSET AND DEATH
	527. / DUE TO Conditions, if any, which) the Employee	.e/m2		
1	gave rise to immediate couse (a), stoting the <u>under-lying couse lost.</u>			
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or	Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40c. Pl. While Not while 50t work 5	LACE OF INJURY (Home, farm, 20f. actory, street, office bldg., etc.)	(City or town) (Co	ounty) (State)
ı	21. I certify that I attended the deceased from alive on 1, 19, and that death	, 19, to	, 19,that I ic	ast saw the deceased
	ACTUAL SIGNATURE		(Street, city or town, state)	DATE SIGNED
	PHYSICIAN'S E-C-H. Schinnicht	Easter	2/6/M2xy	land
27	BURIAL CREMATION, REMOVAL (Specify) BURIAL (Specify) 1/30/58 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LO	DCATION (City, town, or county) EASTOWN	(State)
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24o. REC'D BY REC'D B	. 0. /	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY	Talbot		MARYLA	II o STATI	RESIDENCE (W	TO COUNTY	d lived. If instituti b. COUNTY	-		
b. CITY OR TOWI	V (If outside corporate li	mits, write	c. LENGTH OF STAY IN	1b c. CITY			prote limits, write R		oline	
RURAL and give	e nearest lown)						or o	/ and one g	.ve neares	,
Rural	Stm Micha		2 days		ral	Prest	on a	2 X-	pla	
OR INSTITUTIO	SPITAL (If not in hospital N Rio Vista			d. STRE	ET ADDRESS				(RESIDENCE ON A FARM?
3. NAME OF		First	Middle			4. DATE				
DECEASED (Type or print)	MAUI	RIS	GYMI <i>K</i> K	Opini I	Last	OF DEATH	Mor Lar		Day	Year 19 58
5. SEX	6. COLOR OR RAC	E 7. MARR	IED NEVER MARRIED	8. DATE OF	BIRTH		9. AGE (In years	IF UNDER		JNDER 24 HRS.
Male	White	WIDOWE	D DIVORCED	7	am 7	1005	last birthday)	Months	Days Ho	ours Min.
		k done 10b.	KIND OF BUSINESS OR I		An.	1885		12. CITI	ZEN OF W	HAT COUNTRY
during most of v	vorking life, even if retir	ed)					,,			The Court of
Farmer					Holla				U.S.	
13. FATHER'S NAME				14. MOTH	ER'S MAIDEN	NAME				
Gerri	t Gymiek				unknow	m				
15. WAS DECEASED (Yes, no, or unknown)	EVER IN U. S. ARMED FO	ORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT			Add	ress		
no	(If yes, give war or dates o			Mm Com	made Da	lance	0			
	DEATH [Enter only one	l no		Mr. Gar	rett Ba	iker	rres	ton, 1	19 crasses	
	DEATH WAS CAUSED BY		e for (0), (b), and (c).	-	4	0				AND DEATH
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Conditions, i	f any, which }	the s								
gove rise to		(D)								
couse (o), stoti	ng me under-	10								
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PART II.	OTHER SIGNIFICANT CO	ONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATE	TO THE TERM	IINAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19. V	VAS AUTOPSY ERFORMED?
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PART II. (20g. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT)	WAS UNDERLYING AND CAUSE OF DEAT	20b. DESC	CRIBE HOW INJURY OCC	JRRED. (Enter natu	re of injury in	Port I or Par	t II of item 18.)			
	JURY Month, Day,		UURY OCCURRED 20	e. PLACE OF INJU	DY /Home fore	- 1206 ICIN	y or town)	16		101-1-1
20c. TIME OF IN.	17.	While	Not while of work	factory, street, o	office bldg., etc	c.)	or lown)	(Co	ounty)	(State)
21 I certify	that I attended th	ne decense	od from / - //	. 125	8. to	1-18	2 1054	That I I	act same	the decease
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alive on		10	a.,, and that de	enth occurred	dr. 172		m the causes o		e date s	
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PHYSICIAN'S NAME (Type)	July 1	1/1	ceser	1				1	-2/	-58
220. BURIAL, CREMA REMOVAL (Spec	TION, 226. PATE THER	EOF	22c. NAME OF CEMENE	RY OR CREMATOR	Y	22d. LOCA	TION (City, town, o	or county)		(State)
Burial	Ian. 27	.1958	Juhior Ord	er Cemet	Prv	Pre	ston_Md			
23. FUNERAL DIRECT	OR'S SIGNATURE		ADDRESS			D BY REGIST	Contract the Contract	STRAR'S SIGI	NATURE	
Maurice	E. Newnam &	Son	Easton,	Md.	DATE	JAN 2 7	'58 (80	1 00.	11/2	
					DATE	UAN 4	M	- 1-204	wh	

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	MARYLAND	STATE DEPARTM	LENT OF HEALTH	-BALTIMORE, 1	
	1160	CERTIFIC	ATE OF DEATH		Reg. Dist. No.
1.	PLACE OF DEATH o. COUNTY Tolhot	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived. If institution b. COUNTY	an: Residence before admission) Talkat
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Easter	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	tride carporate limits, write RI	URAL and give rearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION MEMORIAL HOSP		d. STREET ADDRESS	2	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First DECEASED (Type or print) NIXO h	Middle A	Hall	4. DATE Mon OF DEATH Janua	
5.	Male 6. COLOR OR RACE 7. MARS	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH May 19, 188	9. AGE (In years lost birthday) 70 yrs.	Months Days Hours Min.
10	b. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired) Who C SG C	kind of Business or Indu holesale Gitt Busin	ress Iowa		12. CITIZEN OF WHAT COUNTRY? 4. S. A.
13	FATHER'S NAME James Hall	/	14. MOTHER'S MAIDEN N.	beth Morri	'son
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. no. or unknown) (If yes, give wor or dorp of service)	al known!	MG Cles	noncea x	Hall Wife)
L	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), stoting the <u>under-lying</u> couse lost.	ne for (a), (b), and (c).]	Rt. Lui	95	NTERVAL BETWEEN
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING A 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in P	art I or Part II of item 18.}	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. 1 Hour o. fr. White p. m. 19	Not while fe	LACE OF INJURY (Home, farm, octory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I confity that lattended the decess alive on 2/2, 19 ACTUAL SIGNATURE				that I last saw the deceased and an the date stated above. DATE SIGNED 34.12.75.8
	PHYSICIAN'S E.C.H. Sa A	midt	Ezzton	16,112	sylond
L	e BURIAL, CREMATION, PEMOVAL (Specify) 1-25-58	Woodlaw	w Meninal	22d. LOCATION (City, town, o	mo
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Mich	Danling.	AN 2 7 '58 REGISTRAR	STRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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, 1103	CERTITION	AIL OI DLAIII	Reg. Dist	. No.
1. PLACE OF DEATH o. COUNTY Talbot	MARYLAND	2. USUAL RESIDENCE (Where decease a. STATE	b. COUNTY	before admission)
b. CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	prate limits, write RURAL and give	ve nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of NAME OF INSTITUTION Memoria Hosp.	address)	d. STREET ADDRESS	e poro	e. 15 RESIDENCE ON A FARM? YES NO
3. NAME OF Plest DECEASED (Type or print) Norman	Middle	Hut son 4. DATE OF DEATH	Januara	Doy Year 4 1958
5. SEX 6. COLOR OR RACE 7. MARR WIDOWE		B. Date of BIRTH Sanyary 4, 1896	Loca to sate of a	YEAR IF UNDER 24 HRS. Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Machine Operator	More Business OR INDU	Maraland	ountry) 12. CITIZ	L. S.A.
Charles E. Huts	o h	14. MOTHER'S MATDEN NAME	Bright	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give wor or dates of service)	3001AL SECURITY NO. 17. 11	nildred Hutson	Address wite - Sas	me_
18. CAUSE OF DEATH [Enter only one couse per lir PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (c)	ne for (o), (b), and (c).	e & faretin		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which	manyay	tuisely		3
gave rise to immediate cause (a), stating the <u>under-lying cause lost.</u> (c)				•
PART II. OTHER SIGNIFICANT CONDITIONS C 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part 1 or Por	t II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a. st. While ot work	Not while for	ACE OF INJURY (Home, farm, 20f. (City tary, street, office bldg., etc.)	or town) (Co	unty) (State)
21. I certify that attended the decease	ed fram 195	7, 19, to		ist saw the decease
ACTUAL SIGNATURE	, und mai deam		n the causes and an the treet, city or town state)	PATE SIGNE
PHYSICIAN'S D. C.	ear	The second secon		, , , , , , , , , , , , , , , , , , , ,
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d 110CA	TION (City, town, or county)	Wel.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g. REC'D BY REGIST	TRAR 246. REGISTRAR'S SIGN	LATIDE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by a haspital or attending physician.

TO FUNERAL DIRECT After this certificate has been signed by the attending physician and campletely filled in by the rad director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shows be filed-with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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Reg. Dist. No. 11160

1. PLACE OF DEATH o. COUNTY Talbot	MARYLAND	2. USUAL RESIDENCE (Where decea	b. COUNTY Tal	ence before admission)
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) rural Easton	, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside cor	porote limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, given or INSTITUTION Cordova F		d. STREET ADDRESS Cordova Ro	ad	ON A FARM? YES NO X
3. NAME OF First DECEASED (Type or print) Biery	Bradford Jeffe:	tost 4. DATE OF DEAT	_	3 Yeor 1958
Mala White	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Dec. 23,1896	9, AGE (In years last Months yrs.	R 1 YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) Mechanic	repair	STRY 11. BIRTHPLACE (State or foreign Maryland	country) 12. C	USA COUNTRY?
Joseph Jefferso	n	14. MOTHER'S MAIDEN NAME Lucille	Biery	
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no, or unknown) If yes, no, or dates of services was or dates of services.	vice)	rs. Margaret H.	Jefferson,	Easton, RD,
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under- lying couse last. Part II. OTHER SIGNIFICANT CONDI PORT III. OTHER SIGNIFICANT CONDI OR CONTRIBUTING CAUSE OF DEATH USE CONTRIBUTING CAUSE OF DEATH	Carcinoma Concinoma ITIONS CONTRIBUTING TO DEATH BUT	stomach	SE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
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20c. TIME OF INJURY Month, Day, Year Hour o. m. 19	20d. INJURY OCCURRED Vhile Not while of work 10 of work 120e. PL	ACE OF INJURY (Home, form, 20f. (Cotory, street, affice bldg., etc.)	ity or town)	(County) (Stote)
21. I certify that I attended the calive on		accurred at 10:50AM,		last saw the deceased the date stated abave. DATE SIGNED
220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 1/26/58 23. FUNERAL DIRECTOR'S SIGNATURE W. Frampton	22c. NAME OF CEMETERY O Woodlawn M ADDRESS Easton	emorial Park H	.50 000 -1	land

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PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY g. STATE b. COUNTY MARYLAND Talbot Talbot Maryland b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Life Daniel McDanie] e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION YES NO NAME OF First Middle 4. DATE Last Month Day Year DECEASED William H.T. Johnson 19 58 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min. Col. DIVORCED | WIDOWED K YES. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Waterman Oyster U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie Therodore Johnson Hhnson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address XXXX 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** catse (a), stating the underlying cause last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) a. m. While Not while 19 at work at work p. m. 21. I certify that I attended the deceased from. 120 that I last saw the deceased alive on and that/death occurred M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 220. BURIAL CREMATION. (State) REMOVAL (Specify) Buria CLaribrone Clairbone Md 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE James B. Dashiell Easton.Md. FEB 2 6 '58

director filed No. ō

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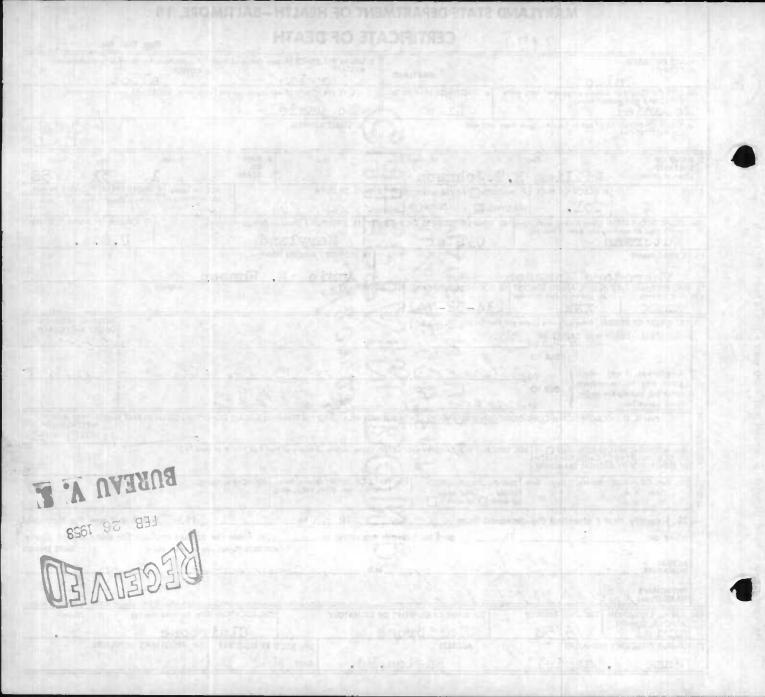
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TO HOSPITAL 0 VS A15 (4) 15M 9/55



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
HEOD STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01161
HEALTH DEPT.		Reg, Dist, No.
8 8 'E	1.	PLACE OF DEATH O. COUNTY Talbat MARYLAND 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) B. COUNTY Talbat MARYLAND
Pa Pa Health		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
dire.	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM?
y is need from the Bo	_	YES NO
dela he fun re Sto		NAME OF DECEASED (Type or print) William William Aiddle Lost A. DATE OF DEATH OF DEATH OF DEATH Ann. 20 1958
If any be to the virb the rs offer rs	5.	Manths Day Hours Min
and and 2 how 2 how		JUNE WIDOWED DIVORCED
Thin 7		Farming most of working life, even if retired) Farm Crops Maryland 705A. FATHER'S NAME
Pages Pages Pages	13.	Gather's Name Lace Knotts Catherine Commolly
24 ho Give form File ny ew	15. [Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1. Inc. or unknown) (If yes, give war or dates of service)
Thin wife	-	10 217-36-0886 Who Olio Knolls, Condova Ind
ded wi		18. CAUSE OF DEATH [Enter only one couse per tipe for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ON THE PROPERTY OF CLUSION IMMEDIATE CAUSE (o)
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s October		Conditions, if ony, which (b) gove rise to immediate couse
ni in i		(c), stoting the underlying DUE TO
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Medicard " Medicard " Medicard be mrial, o	CERTIF	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.
LER: The Chief of Short of bring of the brin	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour o. m.
Pag prin		21. I certify that I took charge of the remains described above, held an Autapsy , Inspection Inquiry , and in my
TOR:		apinion deoth resulted from: Natural causes Accident [], Suicide [], Hamicide [], Undetermined monner []
Forwiff for Park for		SIGNATURE LANGE (MULLEY M.D. CHIEF MEDICAL EXAMINER) DATE SIGNED
the d be		EXAMINER'S NAME (Type) Nelty ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER D 1-70-58
Shour Shour	220	D. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town, or county) (Stote)
5 4 5 9	23.	FUNERAL DIRECTOR'S GRATURE ADDRESS 24d REC'D BY REGISTRAR'S SIGNATURE
VS. A15ME 5M 2/57		John & Williams Easton, md. DATE DATE
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Margand Tolor Cordora Paral Williams Total Knith Jones se, 50 male : White the see 181890 67 12 James now Maryland 25.5. was no sules prite Catherin Comolly 219 36-0856 mps Sto Knote, Condere Mid Cereminy Rechesion Mounted. BUREAU V. K. 8381 SS NAU DECEN. of mana section me I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Dist No 01162

1164				Reg. Dist. No.	
PLACE OF DEATH o. COUNTY Albot	MARYLAND	II o STATE -	nere deceased lived. If instit b. COUN		re admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporale limits, write	e RURAL and give nec	prest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Memoria / Ho		d. STREET ADDRESS	antel		e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Middle	L 1/25	4. DATE OF DEATH JANG	Nonth Do	_
SEX 6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH October 121	9. AGE (In year last birthday		
a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	vaterman	Mary	land	12. CITIZEN C	S. A.
FATHER'S NAME I KNOWN		14. MOTHER'S MAIDEN I	Known		
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. no. or unknown) (16 yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT PARME	e Lules	ddress	1
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the under-lying couse lost. (c)	escebolo h	१९ १७०४४/१३	ge, let	Z ON!	ERVAL BETWEEN
PART II. OTHER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERM	NAL DISEASE CONDITION (GIVEN IN PART 1(a) 1	9. WAS AUTOPS PERFORMED? YES NO [
20a. ACCIDENT WAS UNDERLYING 20b. DESI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Enler nature of injury in	Port I or Port II of item 18.)		
20c. TIME OF INJURY Month, Day, Year Hour a. ft. 19 White at wor	Not while	PLACE OF INJURY (Home, farm factory, street, office bldg., etc	20f. (City or town)	(County)	(State
21. I confify that I attended the deceas	ed from	10	10	ALCO LICE	w the decor
actual signature	<u> </u>	th occurred of 30	AM, from the couses ADDRESS (Street, city or tow		te stated abo
ACTUAL OF AND LOS	<u> </u>	2 30	AM, from the couses	and on the da	
ACTUAL SIGNATURE PHYSICIAN'S F C H S	<u> </u>	M.D. 249 5.16 EZESTO OR CREMATORY	AM, from the couses	s and on the da (n, stote) (1) SY (N) SY (n, or county)	te stated abo

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Reg. Dist. No.

VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

1	PLACE OF DEATH		2. USUAL RESIDENCE (Where	deceased lived. If institution, Re	esidence before admission)
	o. COUNTY Jallat	MARYLAND	o. STATE Marilan	P. COUNTY	Talbut
	b. CITY OR TOWN (If outside corporate limits, write RURAL and live nearest town)	OF STAY IN 16	c. CITY OF TOWN (If outside	le corporate limits, write RURAL	ond give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION		d. STREET ADDRESS	o Ot	e. IS RESIDENCE ON A FARM? YES NO D
3	NAME OF DECEASED (Type or print) Applie 6, 1	Macquil	1 1/1	DATE OF DEATH LAW	Day Year
5	SEX 7. 6. COLOR OR RACE 7. MARRIED NEV	DIVORCED B	Luly 26, 186		NDER 1 YEAR IF UNDER 24 HRS. Days Hours Min.
	On USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	FOR INDUS	RY 11. BIRTHPLACE ISTOTE OF TO	oreign country)	2. CITIZEN OF WHAT COUNTRY?
	Tomar & Macgiel		14. MOTHER'S MAIDEN NAME	mily Ba	wdle
1:	6. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECTION (19) (19) (19) (19) (19) (19) (19) (19)	URITY NO. 17. IN	He Martin 1	Mac Hele Address	Eastn
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate coese (a), stating the under- lying couse lost. (b) DUE TO (c)	liviore	luni, Ge	unligid	INTERVAL BETWEEN ONSET AND DEATH
TO LA CONTRACTO	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW		NOT RELATED TO THE TERMINAL		PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
400000	20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 20d. INJURY OCCU While Not we of work of work	hile foci	CE OF INJURY (Home, form, 2) ory, street, office bldg., etc.)	Of. (City or town)	(County) (State)
	21. I certify that I attended the deceased from olive on 19, 1958, a	nd that death	occurred at 10130 H M		at I last saw the deceased an the date stated above DATE SIGNED
ll c	PHYSICIAN'S NAME (Type) WE BURIAL GREMATION, 1 225. DATE THEREOF 102c NAME	- ordrusses			
-	(REMOVAL (Specify) Jan 22, 58 No	or cemetery or	Yelf 6	Delin (City, town, or cou	Md
2	3. FUNDAL DIALCTOR'S SIGNATURE SOL	rslon	DATELAN 2	0/	r's signature

CENTRACATE OF DEATH

ENHANCE OF THE RESCRIPTION OF SECURITION OF

BUREAU Y. E.

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BECEINED

VS A15 (4) 15M 9/55 I

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ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

Reg. Dist. No. 1164

1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	ce before admission)
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	10 KJ TY/LENCY 1 G	give riegrest town)
RURAL and give regarest town) 5 days	x St. Mchael	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTRUCTION OR INSTRUCTION	A. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Nelen Benne	# Aladay 4. DATE Month OF DEATH PANELUS	Day Year /2 19.50
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED		TYEAR IF UNDER 24 HRS. Days Hours Min.
Od. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INC. during most of working life even if retired)		ZEN OF WHAT COUNTRY
3. FATHER'S NAME Richard Witchell	14. MOTHER'S MAIDEN NAME COLES	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Yes, no. or unknown) [If yes, give wor or dated of service)	informant maddress maddress	At mychal
18. CAUSE OF DEATH (Enter only one couse per line for (o). (b), and (c), PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	situritis	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which) DUE TO Conditions, if any, which)	us appendicitis	
gove rise to immediate couse (a), stating the underlying couse last.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING COURT CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCUR (IF EITHER, NOTIFY MEDICAL EXAMINER)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO
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21. I certify that/I strended the deceased from alive an 2/1/2009/2, 12 , and that dea	th occurred at 6 A M, from the causes and an th	
ACTUAL SIGNATURE COLLECTION OF THE SIGNATURE	M.D. 2195. Washington St.	DATE SIGNED
PHYSICIAN'S E.C. H. Schmidt	Ezyton 16, Mary la	irde
26. BURIAL CREMATION, 22b. DATE THEREOF St. Michaels	OR CREMATORY 22d. LOCATION (City, town, or county)	mo(Stote)
3. FUNERAL DIRECTOR'S SIGNÁTURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	. /
A FIRM ON ILL BY BANKING ALS	DATE LAND 0 58 100 - cour	

CERTIFICATE OF DEATH

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SERGIFICATE OF DEATH

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BUREAU V. E.

BECEINED IN 18 1959

1			NT OF HEALTH—BALTIMORE, 18	
* ve /		1169 CERTIFICAT	TE OF DEATH Reg. Dist. No.	1167
director	1.	PLACE OF DEATH G. COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before ad a. STATE BRY BN b. COUNTY)OR Che	ester
de C		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Faston 5 da.	c. CITY OR TOWN (If obtside corporate limits, write RURAL and give nearest 1	town)
by the d 2 show		d. NAME OF HOSPITAL (If pat in hospital, give street address) OR INSTITUTION Memorial Hospital	1100	RESIDENCE DN A FARM? S NO
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pletely preselves.		M CO WIDOWED DIVORCED	DATE OF BIRTH 9. AGE (In years lift UNDER 1 YEAR IF U Months Days Hor year) yrs.	
and com	L	D. USUAL OCCUPATION (Gife kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even it retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WI ARY AND US	. 4
sician a ve carba		Sherman Lee Chase	Alice Richetts	
ing phy ie remor 72 hou	1S. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO	alice Rickells mil	les
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haspi haspi fier ached fo		21. I certify that I attended the deceased from, and that death ac	iccurred at 215M, from the causes and an the date st	
RECT RECT Be deternior to t		ACTUAL SIGNATURE Some & Bay but M.D	D. 205 Earle Aue Koston	DATE SIGNED
HOSPITAL OR A roy be relained by FUNERAL DIRECT age 3 should be registrar prior to the regi		PHYSICIAN'S /		
Day by Page 3	1	P. BURIAL, CREMATION, 1226. DATE THEREOF 22c. NAME OF CEMETERY OR CI	Il Arpetet raden ma	Spate)
VS A15 (4) 15M 9/55	23.	FUNERAL DIRECTOR'S SIGNATURE/ ADDRESS	DATE IAM 2 0 159	
	-	DOONLIVII	William William I	

CERTIFICATE OF DEATH

BUREAU V. E.

2015 1 SEE SANS

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BECEINED

EXAMINER'S NAME (Type)

220. BURIAL CONTROKE 22b. DATE THEREOF

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

PLACE OF DEATH	, 1101				2. USUAL RESIDENCE	(Where deced			dence be	fore odmi	ssion)		
	TALBOT		MARYLA	ND	O. STATE MARYLAND B. COUNTY TALBOT								
and give nearest to	Ill outside corporate limits, write (wn) RAPPE	BURAL	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON								
d. NAME OF HOSP	PITAL OR INSTITUTION (I	f not in	hospital, give street address)		d. STREET ADDRESS N.HANSO	ON ST.				ON	SIDENCE A FARM? NO V		
3. NAME OF First DECEASED		Middle		Last	4. DATE	Montl	1	Day	Yeor				
(Type or print)	JAMES		AVERY F	ROBI	INSON	DEATH	JAN		20	1	9 58		
5. SEX	6. COLOR OR RACE	7. MA	RRIED TO NEVER MARRIED	8.							R 24 HRS.		
Male	white	WIDO	WED DIVORCED		Appr	ox.	63 yrs.	Months	Doys	Hours	Min.		
100. USUAL OCCUPA' during most of work 1800 13. FATHER'S NAME	king life, even if retired)		b. KIND OF BUSINESS OR IN		Maryland Maryland		country)	12. CI	TIZEN O	F WHAT	COUNTRY		
Shrev	e Robinson				Louise !								
15. WAS DECEASED I	EVER IN U. S. ARMED FO	service)	16. SOCIAL SECURITY NO. 216-03-7520		ormant s. Lillian	Price	Address East	on, Mo	1.				
	EATH Enter only one country was CAUSED BY: IMMEDIATE CAUSE (o)	TO-	ine for (o), (b), ond (c).] uptured viscus	3					ONSI	TAND DEA	TH		

4000	THITTEN STANGE			14. MOTHER 3 MAIDEN NA	TAIL.		
)	Shreve	Robinson		Louise To	wers		
	WAS DECEASED EV	(If yes, give wor or doles of service)	16. SOCIAL SECURITY NO. 216-03-7520	Mrs. Lillian P	Address rice East	on, Md.	
		TH [Enter only one couse per TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), ond (c).]	8		interval onser ar mint	
	Conditions, if o gave rise to imme (o), stating the cause lost.	diote couse	Struck by fall	ing tree			
FICATION	PART II, OTI	HER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN	ALDISEASE CONDITION GIV		ERFORMED?
L CERTI	20g. EXTERNAL CAPRIMARY OF CO CAUSE OF DEATH.	NTRIBUTING []		RED. (Enter noture of injury in Port I			
REDICAL	20c. TIME OF INJU Hour o. m. C4: 30P p. m.		20d. INJURY OCCURRED 20d. While Not while of work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	20f. (City or lown)	(County)	(Stote)

21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection . Inquiry E.

opinion death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner

DATE SIGNED

ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER

WELTY DEPUTY MEDICAL EXAMINER FT

22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

Spring Hibl 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

nr. Trappe

Talbot

Md.

and in my

1-21-58

(Stote)

BUREAU V. E.

DESCRIPTION OF STREET

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O HOSPITAL OR ATTENDING PRISICIAN: The law requires that the death certificate be executed within 24 hours after death. The	may be retained by haspital or attending physician.	TO FUNERAL DIRECT M. After this certificate has been signed by the attending physician and completely filled in by the	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shourd be filed	the registrac prior to burial, cremation, or removal, and in any event within 72 hours after death
AL	House	0 7	ank	36
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OR TOWN (If It and give new the OF HOSPITANSTITUTION OF IT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	s, write		2. USUAL RES O. STANS 1b c. CITY OR d. STREET	IDENCE (WHAT IT OWN (IF O	ere deceased	lived. If instituti b. COUNTY ate limits, write R	Tall	nce befo	arol	ine
OR TOWN (Iff IL and give next IE OF HOSPITA OF IED OF IED T print)	outside corporate limi re Easton At (If not in haspital, g 108 N. H. Fir Ann 6. COLOR OR RACE	ive street of Lggi.	c. LENGTH OF STAY IN 12 yrs. oddress) ns St.	o. SIAME to c. CITY OR d. STREET	ryla:	ulside corpore	b. COUNTY	Tall	0,0/EC	arol	ine
AL and give new NE OF HOSPITA NSTITUTION OF SED r print)	L (If not in hospital, g 108 N. H. Fir Ann:	ive street of Lggi.	12 yrs. oddress) ns St.	d. STREET	asto,			URAL and	give ned	rest town) V
of SED r print)	108 N. H. Fir Ann 6. COLOR OR RACE	lggi.	ns St.								COCC
nale	Ann		Middle			Higg	gins St			ON A	DENCE FARM? NO
	6. COLOR OR RACE		Rolph	Sewal	d.	4. DATE OF DEATH	Januar		26	,	Year 19 58
		7. MARRI WIDOWE	DIVORCED	0.000		75	AGE (In years birthday) yrs.	IF UNDE	R 1 YEAR Doys	IF UNDE Hours	R 24 HRS. Min.
mast of worki	ng life, even if retired		KIND OF BUSINESS OR IF		•			12. C1			COUNTRY
'S NAME							m				
		****			ran	inne i					~ .
		evice)			Aged	Women	108 ⁴ K	n, N	lggi Mary	ns	st.
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO		e for (a), (b), and (c).]	Heron los	ٺ				ONS	ET AND	DEATH
gave rise to immediate couse (a), stating the <u>under-lying cause tast.</u> DUE TO (c)											
		DITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED T	O THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PAI	RT 1(o) 1	PERFO	RMED?
CCIDENT WAS ONTRIBUTING HER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCU	JRRED. (Enter nature	af injury in I	Part I ar Part	II of item 18.)				
ME OF INJURY Havr a.m. p. m.	Month, Day, Yes	While	Nat white	PLACE OF INJURY factory, street, office	(Home, farm te bldg., etc.	20f. (City o	or town)	((County)		(State)
1 /	at I attended the	decease	-0			6 pm	1978				
	Rus he	da	en an	am accorrea a					ne aa		TE SIGNE
CIAN'S	THURSTON	HA	tRRISON	M.D.		23-2-7-		P MEQ.			
	4 - 4 4									(State)
AL DIRECTOR'S	SIGNATURE C	D	ADDRESS Easton	n, Md.	24o. REC'I	BY REGISTR	AR 24b. REGI	STRAR'S SI	GNATUE	RE	
	IS OWO I S NAME Iliam ECEASED EVER Inhown) (I) AUSE OF DEAT PART I. DEAT (I) (o), stoting t couse tost. PART II. OTHI CCIDENT WAS ONTRIBUTING HER. NOTIFY / ME OF INJURY Hour a.m. p. m. certify the (Type) II, CREMATION VALUE COLONIA LI, CREM	ISOWOTK IS NAME Illiam Henry Re ECEASED EVER IN U. S. ARMED FORE IMPROVED IN THE STOP AUSE OF DEATH [Enter only one col PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Oo, DUE TO ditions, if any, which is rise to immediate to (a), stating the under- couse tost. CCIDENT WAS UNDERLYING DINTRIBUTING CAUSE OF DEATH HER, NOTIFY MEDICAL EXAMINER) ME OF INJURY MONTH, Day, Yea To the state of the state of the con On The state of the con	ALL CREMATION. PS NAME CEASED EVER IN U. S. ARMED FORCES? Inhonown) (If year, give were or deten of service) (If year, give were or deten of deten of deten or deten o	HOUSE WIFE Illiam Henry Rolph ECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Inhown) Illiam Henry Rolph ECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Unknown Illiam Henry Rolph ECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Unknown Inhown AUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE OF: IMMEDIATE CAUSE (a) DUE TO Object to immediate (b) DUE TO Object to immediate (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CCIDENT WAS UNDERLYING (c) DOBLETO CCIDENT WAS UNDERLYING (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH HER. NOTIFY MEDICAL EXAMINER) ME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (while of work	HOUSE WIFE 11. MOTHER 12. NAME 11. MOTHER 12. NAME 11. MOTHER 13. SOCIAL SECURITY NO. IT. INFORMANT UNKNOWN 14. MOTHER 15. NAME 16. SOCIAL SECURITY NO. IT. INFORMANT UNKNOWN 17. INFORMANT UNKNOWN 18. AUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] 19. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 10. Justing the under (c) 10. Justing the under (c) 10. Justing the under (c) 10. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO COUSE last. 10. Justing Information (c) 10. DESCRIBE HOW INJURY OCCURRED. (Enter nature factory, street, office of work o	HOUSE WIFE 14. MOTHER'S MAIDEN N SETAL 14. MOTHER'S MAIDEN N SETAL 14. MOTHER'S MAIDEN N SETAL 15. NAME 16. SOCIAL SECURITY NO. 17. INFORMANT UNKNOWN HOME FOR Aged AUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ditions, if any, which or rise to immediate (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI CCUDENT WAS UNDERLYING TO AUSE OF DEATH HER. NOTIFY MEDICAL EXAMINER) ME OF INJURY MONTH, Day, Year 20d. INJURY OCCURRED While of work of two work of the total accurred at the constitution of the property of the part of the	HOUSE WIFE 14. MOTHER'S MAIDEN NAME 12. MOTHER'S MAIDEN NAME 15. NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. MOTHER'S MAIDEN NAME 18. MOTHER'S MAIDEN NAME 19. MOTHER STAN Anne 19. MOTHER STAN ANNE 10. MOTHER STAN ANNE 10. MOTHER STAN ANNE 11. MOTHER'S MAIDEN NAME 12. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. MACHINE STAN ANNE 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. MOTHER MAS CAUSE D BY: 18. MOTHER MAS CAUSE DBY: 18. MOTHER LEATH WAS CAUSED BY: 18. MOTHER LEATH WAS CAUSED BY: 19. DUE TO 19. DUE TO 19. DUE TO 19. DUE TO 19. MOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE 19. MOTHER MAS UNDERLYING TO THE TERMINAL DISEASE 19. MOTHER	House wife Hillsboro, Maryland 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 108 AND 108 AND	House wife Hillsboro, Maryland 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 108 A New 16. SOCIAL SECURITY NO. 17. INFORMANT 108 A New 16. SOCIAL SECURITY NO. 17. INFORMANT 108 A New 16. 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IMMEDIATE CAUSE [0] DUE TO (c) (c) COLIDENT WAS UNDERLYING [] INTRIBUTING [] COLIDENT WAS UNDERLYING [] COLIDENT WAS UNDERLYIN	House wife Hillsboro, Maryland USA

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1182

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2	CERTIFICATE	OF DEATH

#1171 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	lbot			MARYL	110	2. USUAL RESIDE	Marvl			nstitutio		nce befo		sion)
	If outside corporate limi	its, write	c. LENG	TH OF STAY IN	v 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town								n)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, on Nursing H		address)			d. STREET ADDRESS 11 Sycamore Avenue						ON A	e. IS RESIDENCE ON A FARM?	
3. NAME OF DECEASED (Type or print)	LEE Fi	rsf	м.	Middle SEYN	10UR	Last	4. DATE OF DEATH		Mont	h in. 2	,8, De		Year 19 58	
5. SEX Male	6. COLOR OR RACE White	7. MARR		DIVORCED		May 20,			9. AGE (In lost birth	years iday) yrs.	Months Months	R 1 YEAR Days	Hours	ER 24 HRS.
100. USUAL OCCUPATION during most of wor Carpente 13. FATHER'S NAME	ON (Give kind of work king life, even if retired P	done 10b.	KIND OF	BUSINESS OR	INDUS	Mary.	CE (Store	ALC:	ountry)		12. CI	U.S.		COUNTRY
	der Seymour							ta Rob	inson					
15. WAS DECEASED EVE	ER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.		ECURITY NO.		A. E. Se	ymour	r		Addr	en ston,	Md.		
Conditions, if a gove rise to i cause (a), stating lying couse last.	the under-)	Cin	terri		Salun	tic.	M.	relis	e	ail		4-	L
3 ///	AS UNDERLYING CATH	MILE	7 -	tras	TA	NOT RELATED TO 1	11	Port I of Port	II of item 1	18.)	EN IN PA	RT 1(o) 1	PERFC YES	RMEDZ
(IF EITHER, NOTIFY 20c. TIME OF INJUST HOUSE p. m.		704, or 20d. It While of work		while	0e. PLA fact	CE OF INJURY (Ho ory, street, office I	ome, farm, bldg., etc.	20f. (City	or town	1	Tole	(County)		(State)
ACTUAL SIGNATURE	not I attended the	19-	Ba	and that d	leath	occurred at	TIS !	M, from	the cau	ses a	nd an i		ite state	decease ed abave ATE SIGNE
220. BURIAL, CREMATIC REMOVAL Specify	Jan. 31, 1		SI	9	ill	Cemetery		22d. LOCAT	ion (city.)	lown, o	r county)	Ma	rylai	e) nd
23. FUNERAL DIRECTOR Mauric	e E. Newman	1 & S	on	East	on,	Md.	240. REC'E	BY REGIST	-	REGIS	TRAR'S SI	GNATU	RE	



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Poge files. Heolth. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after deoth. If any delay is necess execute the certification writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral direction to the Chief Medical Examiner's Office along with form PMS. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transity permit. File pages 1 and 2 with the State Board or its decisioned again, prior to buriel, cremation, or removal, and in any event within 72 hours after death. 20

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VS. AISME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01172 Reg. Dist. No.

1. P	LACE OF DEATH	BOT		MARYL		2. USUAL RESI		here deceas	ed lived. If institu b. COUNT	Y	HES!		an)
Ь	CITY OR TOWN Its	outside corporate limits, writ	RURAL	c. LENGTH OF STAY IN	N 1b	c. CITY OR 1	TOWN (IF	oulside corp	orote limits, write	RURAL on	d give n	earest town)
0		RAPPE		hrs		Н	URLO	CK	09x	- 2			
		Bolingbroke		pital, give street address)		d. STREET A	DDRESS				466	ON A	FARM?
-	AME OF	Fir		Middle		Lost		4. DATE	Mont		Doy	Yeo	
	PECEASED Type or print)	Charles		William	Sh	erman		OF DEATH	Januar		10	195	
5. 5	EX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	8.0	PATE OF BIRTH	100		9. AGE (In years lost birthday)			IF UNDER	
	Male	White	WIDOWED	land in		March 2			42 yrs.	Months	Doys	Hours A	Win.
10a.	usual occupation working most of working Forema:	ON (Give kind of work a life, even if retired)	done 10b. K. Hur.	ind of Business or It	ng C	11. BIRTHPLA	CE (Stote o	or foreign c	ountry)	12. CI		F WHAT CO	DUNTRY?
13.	FATHER'S NAME				1	4. MOTHER'S A	AAIDEN N	AME					
	Haro	ld Sherman				Roset	ta Ly	ons					
	WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. INF	ORMANT			Address				
1100	no	(If yes, give war or dates of	21	6-10-6702	Har	old She	rman	H	urlockan	aryla	nd		
	PART I. DEAT 850, X Conditions, if o		Acc	idental dro	wnin	g -whil	e hur	ting	in skiff			RVAL DETWEFN ET AND DEATH	
	gave rise to immer (o), stating the cause last.)										
CATION	PART II. OTH	IER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH	BUT NO	T RELATED TO 1	HE TERMIN	VAL DISEASI	CONDITION GIV	PAIN PAI		PERFORA	
CERTIFICATION	200. EXTERNAL CAL PRIMARY or COL CAUSE OF DEATH.	JSE WAS NTRIBUTING []		ng from ski						5' ic	y wa	ater	7/
3	20c. TIME OF INJU	RY Month, Day, Ye		NJURY OCCURRED 20	PLACE	OF INJURY (H	ome, form.	20f. (City	or town)	(Ce	unty)		(Stote)
MEDI	c4:30 B.m.	1-10-5819	While at war	rk ot while		eek	orug., erc.)		rappe	Talb	ot		Md
	21. I certify th	nat I taak charge	of the r	emains described	abave	e, held an	Autapsy	l, ir	spection K.	Inqui	ry 🗌	, and	in my
	opinian death	0 1	1	auses [], Accide	ent 🗓	, Suicide	□, H	lamicide	, Undete	rmined	manne	er 🗌	
	ACTUAL SIGNATURE	Em /1	rett	ig.		M.U.		AMINER []]	L-13-5	
	EXAMINER'S NAME (Type)	Louis S.Wel	Lty					XAMINER T	-				
220	BURIAL, CREMATIC REMOVAL (Specify) BURIAL	Jan. 13,		22c. NAME OF CEMETER					ock, Mary			(State)	
23.	FUNERAL DIRECTOR			ADDRESS			240. REC'D	BY REGIST		STRAR'S SI	GNATH	RE	
	J.J.Framp	ton&Son	Fed	deralsburg,	Md.		DATE	M 4 E 15		(0,02	- /		



BUREAU V. S. eder at MAt

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1 /	1	1	-	6)

			Keg.	DIST. NO.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where dec	eased lived. If institution: Resi	dence before admission)
Talhot	MARYLAND	Margla	nd I	aroline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ourside of	corporate limits, write RURAL a	nd give nearest town)
EasTon	92 hrs.	Denton	/	05x-2
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION		d. STREET ADDRESS	./	e. IS RESIDENCE ON A FARM?
Memorial Hospita		Nath	www	YES NO D
3. NAME OF First DECEASED	Middle	Lost 4. DA		Day Year
(Type or print) Walter		VINIII	ATH January	11 1958
5. SEX 6. COLOR OR RACE 7. MARRI	2	8. DATE OF BIRTH	lost birthdoy) Month	DER I YEAR IF UNDER 24 HRS. hs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. I		TOV 11 OIRTHDIACE ISAN OF FORE	7 2 yrs.	CITIZENI OS WILLAT COUNTRY
during most of working life, even if retired)	CO DOSINESS OR INDU	STRY 11. 8IRTHPLACE (Srbte or forei	gn country)	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	moneun	Velawarz		4.5.4
M. Al / O L	0	14. MOTHER'S MAIDEN NAME	01:-	
Mr. Charles Smith		Mrs Hnho	1 100/2502	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no-ror yinknown) (It yes, give war or dates of service)	SOCIAL SECURITY NO. 17. II	NFORMANT + 4	Address	11
110 100 4	Known IN	& Derline do	stanighter) pane
18. CAUSE OF DEATH [Enter only one cause per lin	e for (a), (b), and (c).]	<u> </u>		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	12		191	
151X DUE TO	Caro	201	toma	B 0-
Conditions, if any, which (b)		(& mo
gove rise to immediate				
lying cause last.				
	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN I	PART I(A) 10 WAS AUTOPSY
		THE TEXT TO THE TEXT THE DIS	CONDITION ON LIN III	PERFORMED?
200. ACCIDENT WAS UNDERLYING (20b. DESC	TRIBE HOW IN HURY OCCUPAN		0 . 11 . 5 % . 30 %	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	KIDE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or	Port II of item 15.)	
	IJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f.	(City or town)	(County) (Stote)
Hour o. ft. While of work		tory, street, office bldg., etc.)	/	
	1///	10/5/. 1	/11 (V.	
1 / 1 / 6	8 1.1	, 195 A, to		I last saw the deceased
alive on 12	and/that death	The same of the sa		n the date stated above.
ACTUAL 27	1	ADDRES	Street, city or town, state)	DATE SIGNED
SIGNATURE	00/	M.D. Cast	an I	119 1/13/
PHYSICIAN'S P. E.				//
200 BURIAL CREMATION, 226. DATE THEREOF PREMOVAL (Specify) Jan 14, 1958	22c. NAME OF CEMETERY O	R CREMATORY OF 22d. LC	OCATION (City town, or count	sport Bollware
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o. REC'D BY RE	GISTRAR 246. REGISTRAR'S	SIGNATURE
tilingal next	m 1) 2	LOW DATE	6/	-1
- / - A		5A(17-0	50 1859 1	24/4
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-CALTIMORE, 18	NABYLAND STATE DEPARTMENT OF HEALTH
	CERTIFICATE OF DEATH
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	MARYLAND STATE DEPART	MENT OF HEALTH-	-BALTIMORE, 18	
	1173 CERTIFIC	ATE OF DEATH	R	eg. Dist. No. ()11
1. [COUNTY	2. USUAL RESIDENCE (Where o. STATE	b. COUNTY	Residence before admission)
	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) FASTON The days	CHUPCH	side corporate limits, write RURA	L ond give regrest town)
	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MEMORIAL HOSPITAL	d. STREET ADDRESS	/	e. 15 RESIDENCE ON A FARM? YES NO
3.	AME OF First Middle ECEASED (ype or print)	Stant	DATE Month OF DEATH JAN.	Day Year 14 1958
	MIDOWED DIVORCED	8. DATE OF BIRTH 44/1880		UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.
	during most of working life, even if retired) 911 hours	USTRY 11. 8IRTHPLACE (Stole or MARYLA	foreign country)	12. CITIZEN OF WHAT COUNTRY;
	WILLIAM STANT	14. MOTHER'S MAIDEN NAI	4 SMITH	1.0
		INFORMANT MILE	Tay Staul	Hoon)
		un of bears	fuls	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which)			
	gave rise to immediate cause (a), stating the under-lying cause last.			
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	IT NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO M
CERTIFI	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION	ED. (Enter noture of injury in Por	t I or Port II of item 18.)	A
MEDICA	Hour a. jr. 19 While Not while at work at our work at the state of the	PLACE OF INJURY (Home, farm, octory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
		1 1958, to 1		nat I last saw the deceased
	16 6 01			
	15 CA 3/ - 11	TON HARR	150N) 19
220	BURIAL, CREMATION, 226. DATE THEREOF 225 NAME OF CEMETERY	OR GREMATORY 22	d. LOCATION (City, town, or co	ounty) (State)
6	wind 11/108 Church He	Ul IMI		
	WEDICAL CERTIFICATION 13. P. S.	D. CITY O'R TOWN (If outside corporate limits, write RURAL and give nearest fown) A NAME OF HOSPITAL (If not in hospital, give street address) O'R INSTITUTION A. NAME OF HOSPITAL (If not in hospital, give street address) O'R INSTITUTION S. SEX O. COLOR O'R RACE WIDOWED DIVORCED TOWN TOWN MIDOWED DIVORCED TOWN TOWN MIDOWED DIVORCED TOWN TOWN TOWN MIDOWED DIVORCED TOWN TOWN TOWN MIDOWED DIVORCED TOWN TO	DIVORCED DIVORCED BY HARPLAND DIVORCED DIVORCED BY HARPLAND O. STATE ANAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION S. SEX O. COLOR OR RACE First Middle The SPITAL The SPITAL Middle The SPITAL Middle The SPITAL The SPITAL Middle The SPITAL The SPITAL Middle The SPITAL Middle The SPITAL The SPITAL Middle The SPITAL The SPITAL Middle The SPITAL The	1. PLACE OF DEATH O. COUNTY O. COUNT

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Reg. Dist. No.

Talbot

Day

e. IS RESIDENCE

YES NO

Year

19

58

ON A FARM?

6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTS	1	9. AGE (In years	IF UNDER	1YEAR	IF UND	ER 24 HRS.
	WIDOWED	And the second		1888	lost birthday) 60 yrs.	Months	Days	Hours	Min.
N (Give kind of work de	one 10b. K	IND OF BUSINESS OR I			n country)	12. CITI	ZEN OF	WHAT	COUNTRY
g life, even if retired)	1	Retired	Del	aware		II	S.		
		1001104		MAIDEN NAME		1 0,	<u> </u>		
Towers			N.	ancy Payne	9				
R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFORMANT	HICY I GYIN	Address				
(If yes, give wor or dates of se		19-05-1198	Mrs Mas	ry Skipper	г Тъ	appe.	MA		
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H WAS CAUSED BY:			CLUCION				ONSET	AND DEA	ATH
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SE WAS TRIBUTING []	. DESCRIBE	HOW INJURY OCCUR	RED. (Enter noture of in	jury in Part I ar Port	t II of item 18.)				
Y Month, Day, Year	20d. I While of wo	Nat while	e. PLACE OF INJURY (foctory, street, affice	Home, farm, 20f. (C	City or town)	(Cou	enty)		(Stote)
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Dr. Louis W	lel tv			MEDICAL EXAMINE					
N. 22b. DATE THEREOF		22c. NAME OF CEMETE			CATION (City, tawn,	or county)		(Stote	e)
Jan. 25. 1								(31016	-1
S SIGNATURE	. 550	ADDRESS	eck Cemeter	,	Cappe. Mai	THE PERSON NAMED IN	NATIO	7	
Newman & S	Son	Easton,	Md.	DATE JAN 2	ISTRAR 246. REGI	OFFE	wie)	4	
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VS. A15ME(5) 5M 9/55

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22a. BURIAL, CREMATIO

Buria 23. FUNERAL DIRECTOR

Maurice E

REMOVAL (Specify)

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The Store X was not been self-

BUREAU V. E.

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VS A15 (4) 15M 9/55

ARYLAND	STATE DEPARTMENT	OF	HEALTH—BALTIMORE, 18	
1100	CEDTIFICATE	OF	DEATH	

Item 8, 1	Film G224, 1	1/22/58 CERUFT	CAIE OF D	EAIN		Reg. Dis	t. No.	
1. PLACE OF DEATH o. COUNTY	albot	MARYLAN	o. STATE	ENCE (Where deceaservland	ed lived. If institution b. COUNTY	-	bot	nission)
	outside corporate limits, w	rite c. LENGTH OF STAY IN	1b c. CITY OR TO	OWN (If outside corp	porote limits, write RI	URAL ond g	ive nearest to	own)
Easton	orest town,	Life	X E	aston			- 316	
OR INSTITUTION	R. F. D. #3	reet oddress)	d. STREET AL	DRESS			10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Joseph	Middle	Wilson	4. DATE OF DEATE	Mon H	th	Day 5	Year 19 5 📆
s. sex Male	0.7	MARRIED NEVER MARRIED [4.3		9. AGE (In years lost birthdoy) 64 yrs.		Days Hou	
10a. USUAL OCCUPATION during most of working to the control of the	N (Give kind of work done ng life, even if retired)	106. KIND OF BUSINESS OR IN LUMBERMAN		CE (Stote or foreign	country)		U.S.	A .
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME				
Rober	rt Wilson			Unkown				
15. WAS DECEASED EVER	IN U. S. ARMED FORCES? f yes, give war or dates of service)		7. INFORMANT		Addr	ess		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	T YOU GIVE HO! OF GOILE OF PRIVICES	215-26-3924	Lloyd 1	Pahlman	Eastor	.Md.		
PART I. DEAT Conditions, if on gove rise to im code (a), stoting till lying couse lost.	mediote (Con	they t	Throm	besis		1 (Ea)	ND DEATH
PART II. OTH		DESCRIBE HOW INJURY OCCU				EN IN PART	1(a) 19. WA PER YES	REORMED?
OR CONTRIBUTING	CAUSE OF DEATH!							
20c. TIME OF INJURY Hour o. m. p. m.	V	0d. INJURY OCCURRED 20e Vhile Not while t work ot work	2. PLACE OF INJURY (1- factory, street, office	lome, form, 20f. (Ci bldg., etc.)	ty or town)	(C	ounty)	(State
21. I certify the alive on	Haynard	100	, 19 48 eath occurred at M.D. 428	w 1 1	om the causes a Street, city or town,	ind an th		
220 BURIAL CREMATION REMOVAL (Specify) BUTIAL	1/8/57	22c. NAME OF CEMETER	Cem.		ation (City, town, o		s Md	itole)
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	O CIII •	24a. REC'D BY REGIS				
James T	B. Dashiell	Easton . Md .	15 10 10 10 10	DATEAN 1 6 '58	Dan /	08111	1	

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Newtown

ADDRESS

Cem.

19

(Stote)

Easton, Rt. 3 161

240. REC'D BY REGISTRAR

DATE

246 REGISTRAR'S SIGNATURE

TO HOSPITAL

poge 10 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

James B. Dashiell. Easton. Md.

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BUREAU V. S.		Action 12 Action	Levis and S

devalsburg

e. IS RESIDENCE

Day

ON A FARM? YES NO

Year

19

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

(Stote)

24b. REGISTRAR'S SIGNATURE

24g. REC'D BY REGISTRAR

5

LES TO 1928